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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

The former Yugoslav Republic of Macedonia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the former Yugoslav Republic of Macedonia with a duration of three years. The Executive Director recommends that the Executive Board approve the amount of $2,175,000 from general resources, subject to the availability of funds, and $4,050,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial date were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.6
U5MR (per 1,000 live births)	32
IMR (per 1,000 live births)	27
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	...
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	95
Access to safe water (%)	../..
Access to health services (%)	../..
GNP per capita	$790
One-year-olds fully immunized against:	
tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	86 per cent
poliomyelitis:	91 per cent
Pregnant women immunized against:	
tetanus:	91 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The population of the former Yugoslav Republic of Macedonia is diverse, comprised of people of Macedonian (66.5 per cent), Albanian (22.9 per cent), Turkish (4 per cent), Serbian (2 per cent), Romany (2.3 per cent) and Vlach (0.4 per cent) origins (1994 census). The process of transition and the continuing war elsewhere in the former Yugoslavia, together with the application of United Nations sanctions against the neighbouring Federal Republic of Yugoslavia and the imposition of a trade embargo by a neighbour, have seriously affected the economy. These factors, combined with the challenge of economic transition, explain the present economic crisis. The rate of unemployment is 35 per cent. In 1992, there was an influx of 30,000 refugees from Bosnia and Herzegovina, and 6,500 refugees are still living in the country.

2. The social safety net has become less comprehensive with the economic transition process. The purchasing power of salaries, pensions and unemployment support has fallen sharply, and the effectiveness of social services has diminished as demands on shrinking resources increase. Government ministries often fall into arrears in the payment of staff salaries, and funds for other purposes are negligible. The Government has relied on external support for much of the supply of drugs, health equipment and classroom material, while the regular maintenance of buildings and equipment has had to be postponed.

3. In 1994, 24.8 per cent of the population was below the age of 15 years. Although the 1980s saw a considerable improvement in the health situation of women and children, the infant mortality rate (IMR) remains among the highest in

Europe. The main causes of infant mortality are perinatal conditions, respiratory diseases and diarrhoeal diseases, although the reasons for 5 per cent of infant deaths remain undiagnosed. IMR among illiterate women is 138 per 1,000 live births. Because of limited vaccine supplies, immunization levels fell in the early 1990s, although once the continuity of supply was secured, coverage quickly returned to previous levels.

4. Primary education for children aged 7 to 14 years is both compulsory and free, although parents have to pay for textbooks and some school supplies, However, literacy and enrolment rates have declined because of recent economic difficulties. About 93 per cent of the population are literate and 92 per cent of school-age children are enrolled in primary school. Less affluent groups have lower school enrolment and higher drop-out rates as a result of the increasing costs of school supplies. Apparently, there are also variations in the health indicators of different groups. As is the case for health services, about 90 per cent of the Ministry of Education budget goes to salaries and such recurrent costs as utility charges.

5. During this period of economic hardship, the Government still tries to ensure that basic education is as accessible as possible to all sections of the community. The educational system offers primary education in five languages (Albanian, Macedonian, Romany, Serbian and Turkish).

6. Kindergartens and preschools focus on child care up to five years of age, followed by preparation for school for 6-year-olds, which is paid for by parents. Kindergarten enrolment is predominantly urban-based. Children in marginal groups often lack access to kindergarten care because of economic reasons or the lack of facilities.

7. As in many of countries in the region, there is a well-established institutionalized system for the care of orphans and abandoned and physically or mentally handicapped children. Conditions in the institutions reflect the country's poor economic circumstances, and children in residential care centres tend to be isolated from the community. The Ministry of Labour and Social Policy is exploring policy alternatives, but there is a lack of resources to develop alternative approaches.

PROGRAMME COOPERATION, 1994-1995

8. The country programme was implemented primarily through government ministries and coordinated with other multilateral and bilateral organizations and international non-governmental organizations (NGOs). Programme activities have included support to the Ministry of Health to guarantee the vaccine supply and assistance to health professionals to assess the incidence of iodine deficiency disorders (IDD) and promote health education. The Ministry also has been supported with drug kits for acute respiratory infections (ARI) and oral rehydration salts. Initial steps for the promotion of breast-feeding are under way, and UNICEF supported the training of technical staff in assessment tools for certifying maternities as "baby-friendly".

9. A most notable achievement has been the Ministry of Education project on interactive learning methods, which introduced the development of children's learning skills to the elementary school classroom, in contrast to the former system of rote learning. The project has been expanded and the capacity of national expert institutions enhanced. The Ministry also received support for a training project in strategic policy development, initiated in late 1995.

10. UNICEF collaborated with the Ministry of Labour and Social Policy to develop alternatives to institutional care, focusing particularly on enhancing community support to families who continue to look after their children rather than place them in residential care. UNICEF also responded to the psycho-social needs of refugee children displaced by the war in Bosnia and Herzegovina. The programme developed a strong advocacy theme, promoting health education and the cause of children with the media and press.

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditures

(In thousands of United States dollars)

	1996	1997	1998	Total
General resources				
Health	157	170	190	517
Education	125	140	165	430
Children in especially difficult circumstances	40	45	50	135
Advocacy and mobilization	15	20	20	55
Programme support	338	375	325	1 038
Subtotal	675	750	750	2 175
Supplementary funds				
Health	680	575	400	1 655
Nutrition	125	50	30	205
Education	565	420	310	1 295
Children in especially difficult circumstances	235	220	90	545
Advocacy and mobilization	60	40	20	120
Programme support	135	45	50	230
Subtotal	1 800	1 350	900	4 050
Total	2 475	2 100	1 650	6 225

11. The thrust of the proposed country programme for 1996-1998 is to support Government efforts to respond to the challenges of the Convention on the Rights of the Child and the Declaration and Plan of Action of the World Summit for Children, using opportunities presented by the transition process. As the programmes in the former Yugoslav Republic of Macedonia have until now been funded exclusively by supplementary funds, there was close collaboration with donors during the previous period. Some consultations with donors took place during the preparation of the new programme and continuous contacts will be pursued as the activities develop.

Health

12. UNICEF will support the expanded programme on immunization (EPI) with vaccines and technical support to EPI managers and cold-chain staff, and also

strengthen the capacity of the Ministry of Health to undertake periodic coverage surveys and diseases surveillance. UNICEF will strengthen the health system through work with community organizations, developing a programme of health education, including training and orientation of health workers and the promotion of safe motherhood.

13. ARI are the largest single cause of infant and under-five mortality and morbidity. ARI drugs kits have been supplied to the Ministry and a series of seminars is planned for health staff on basic and cost-effective treatment of ARI as a precursor to developing health education for mothers. The health system's needs regarding oral rehydration therapy (ORT) have been met and the principles of this approach have been introduced to health care staff. However, the gap between use of ORT in the health system and in the home has not been bridged. Thus, ORT will be promoted with mothers through the primary health care (PHC) system, using information published in relevant local languages. UNICEF will continue the publication of Facts for Life in Macedonian and its dissemination through both schools and the PHC system. Both formal and non-formal channels will be used to increase health and hygiene awareness.

Nutrition

14. To promote breast-feeding, UNICEF and the Ministry of Health will organize lactation management and counselling courses for medical staff and distribute informational material to health care staff and mothers. In late 1995, UNICEF and the national gynaecological centre agreed to launch a pilot scheme for the development of the first baby-friendly hospital. UNICEF will support health professionals in monitoring the project for future replication in other hospitals. UNICEF supported the Ministry of Health in assessing the prevalence of IDD. Following the completion of the survey, UNICEF and the Ministry will initiate a national monitoring scheme, as well as a review of national legislation and public practice in light of the results of the survey. UNICEF will support this initiative with technical assistance and a nutrition education package.

Education

15. UNICEF will expand technical assistance to the Ministry of Education for strategic planning. The interactive learning project will be extended, as it has been welcomed by parents, pupils and staff. The project introduces experimental learning to elementary schools and enhances children's learning skills. The Pedagogical Institute (the national in-service teacher-training facility) will be the major partner. UNICEF will help increased numbers of children to benefit from these preschool services. The assistance will include the training and retraining of preschool teachers and the development of a relevant curriculum.

Children in especially difficult circumstances

16. Working with the Ministry of Labour and Social Policy, an NGO based in the United Kingdom and the East European Partnership, this project will be expanded so that educational facilities can be available to children cared for in the community and so that they have access to development opportunities.

17. Following an external evaluation in 1995, it has been agreed that the psycho-social project will be developed in the relevant public sectors with an emphasis on a screening process to identify the most seriously affected children. Skills of those working with children will be upgraded with technical assistance.

Emergency preparedness

18. UNICEF manages a small reserve of emergency-related supplies to allow for immediate response to a crisis until relief efforts can get under way. In order to develop and sustain local capacity, UNICEF, in association with the Institute for Social Work, will support the development of the crisis response capacity of professionals working with children through training, orientation and the formulation of special kits.

Advocacy

19. UNICEF will work with parliamentarians, national NGOs and the media to publicize children's needs by sensitizing the emerging local government system and coordinating a journalists' colloquium on children's issues. UNICEF will continue to advocate for the formulation of a national programme of action based on the goals of the World Summit for Children. A plan for programme support communication will be developed, including the adaptation of Facts for Life in Macedonian and other languages and for support to community workers and NGOs to promote simple child-care practices.

Monitoring and evaluation

20. Because programme monitoring suffers from limited baseline data, UNICEF proposes to strengthen partnerships with ministries and build upon this with technical assistance to relevant staff. The continued use of pilot projects lends itself to evaluation prior to replication. There will be a formal mid-term review of programmes to make adjustments. A programme evaluation will be carried out jointly with participating governmental and other partners towards the end of 1998. This will allow identification of lessons learned and lead to the preparation of the strategy for future cooperation.

Programme support

21. UNICEF is proposing a new phase of programme assistance, building upon the previous programme, the first for this country. A marginal increase in the programme support budget will enable the country office to respond to the challenges offered by the new programme. The programme will be managed by one international Professional and three National Officers, supported by General Service staff.